DOCUMENT RESUME

ED 349 514 CG 024 523

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TITLE Meeting a New Sexuality Education State Mandate: A Pilot Study of Local School System Programming Characteristics and Correlates.
SPONS AGENCY Georgia State Board of Education, Atlanta.
PUB DATE Nov 91
NOTE 23p.; Paper presented at the Meeting of the Society for the Scientific Study of Sex (34th, New Orleans, LA, November 7-10, 1991).
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Elementary Secondary Education; Program Implementation; *Sex Education; *State Legislation; State Standards

ABSTRACT

The purpose of this pilot study was to investigate the process of meeting a new state mandate for sexuality education programs at the local school system level. Curriculum coordinators (N=126) responsible for meeting the 1988 Georgia state mandate for sexuality education completed a survey instrument assessing the local school system process in meeting the mandate. Survey items included location of the school system; level of involvement of individuals in the curriculum planning and development process; nature of any staff development; and parental training and awareness. The data were analyzed to describe local level programming initiatives and to explore the differences between school system location (rural/non-rural) for selected variables. Further, this study investigated correlates of the sexuality education programming process. The results of the study indicated that variability exists among local school systems' approaches to meeting the state mandate. Although state mandates require instruction about sexuality they do not ensure quality educational programs. Basic to more effective sexuality education is the preparation process, not merely a state mandate. Based on the results of this pilot study recommendations are made to improve the process of meeting state mandated sexuality education. (ABL)

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Meeting a New Sexuality Education State Mandate: A Pilot Study of Local School System Programming Characteristics and Correlates

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This project was funded by the Georgia State Department of Education. Special thanks to Ms. Gaile Davis, Health Education Consultant, the Georgia State Department of Education.

Running head: SEXUALITY EDUCATION PROGRAMMING CHARACTERISTICS

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Meeting a New Sexuality Education State Mandate:

A Pilot Study of Local School System

Programming Characteristics and Correlates

Abstract

The purpose of this pilot study was to investigate the process of meeting a new state mandate for sexuality education programs at the local school system level.

One hundred and twenty-six curriculum coordinators responsible for meeting the 1988 Georgia state mandate for sexuality education completed a survey instrument assessing the local school system process in meeting the mandate. Survey items included: 1) location of the school system, 2) the level of involvement of individuals in the curriculum planning and development process, 3) the nature of any staff development and, 4) parental training and awareness. The data was analyzed to describe local level programming initiatives and to explore the differences between school system location (rural/non-rural) for selected variables. Further, this study investigated correlates of the sexuality education programming process.

The results of this study indicated that variability exists among local school systems' approaches to meeting a state mandate. Although state mandates require instruction about sexuality they do not insure quality educational programs. Basic to more effective sexuality education is the preparation process, not merely a state mandate. Based on the results of this pilot study, recommendations are made to improve the process of meeting state mandated sexuality education.

Introduction

A state mandate is a requirement that all school districts provide sexuality education and/or HIV/AIDS education to their students usually as part of comprehensive health education (Haffner, 1991). In 1988, the Georgia State Legislature passed a new law which mandating that each local school board of education prescribe a course of study in sexuality education and AIDS prevention instruction as determined by the Georgia State Board of Education. The State Board of Education was to prescribe a minimum course of study in sexuality education and AIDS prevention instruction which may be included as part of a course of study in comprehensive health education. The minimum course of study prescribed by the State Board of Education was to be ready for implementation no later than July 1, 1988. Each local board of education was to implement either such minimum course of study or its equivalent not later than July 1, 1989.

Twenty-one states in this country have mandated sexuality eduation and 33 states have mandated AIDS/HIV education in the public schools (DeMauro, 1990). Mandates are usually accompanied by suggested curricula to be implemented at the local level (Haffner, 1991). Proponents of sexuality education mandates apppear to take it for granted that mandates will increase the amount of instuction in schools, and seem little, if at all, interested in whether mandates can change of improve the quality of sexuality education. There seems to be more interest in the symbolic effects of achieving local and state mandates than in making specific improvements in the quality of sexuality education. A sexuality education

mandate seems most important for what it is believed to reflect about the political climate in that community or state (Muraskin, 1986). As a result of her study of the development and operation of New Jersey's family life education requirement, implemented in 1983, Muraskin (1986) raised questions about both the quality of sexuality education in public schools and the likelihood that broad state requirements will automatically lead to more or improved practice. Many local level programs may nominally comply with the state mandate and adopt a "minimal" course of study about sexuality, but only for the purposes of political expediency. What happens between the time a mandate is passed by a state legislature and its implementation at the local school level is most often left to the local school systems. Compliance to the state mandate and the implementation of a quality sexuality education program may not be synonymous. Further, the curriculum development and implementation process at the local level may lack sufficient structure to better insure quality programming. The American School Health Association (1991) and The National Guidelines Task Force (1991) suggest ways which school systems can develop and implement comprehensive sexuality education programs. Preparing the curriculum, training the staff, building support materials for parents and community are all part of the groundwork in the programming process. Successful implementation of sexuality education in the classroom is more likely upon completion of the appropriate groundwork.

Purpose

The purpose of this pilot study was to investigate the process of meeting newly state mandated sexuality education by local school systems. Basic to this study were questions such as: 1) What was the level of involvement of various individuals in the sexuality education curriclum planning and development?; 2) What was the level of staff development offered (if any) before a curriculum was implemented?; 3) What were the reasons (if any) that no staff development was not offered?, 4) What type of staff development was offered?; 5) What was the level of involvement of various individuals in the staff development instructional process?; and 6) What was the extent of training and awareness provided to the parents and community about the sexuality education program?

The data collected was analyzed to explore differences between school system location (rural versus nonrural) for selected variables. Also, this study investigated correlates of the sexuality education programming process.

Methods

Participants

All 184 curriculum coordinators in Georgia who were (and still are) responsible for meeting the 1988 state sexuality education and HIV prevention instruction mandate were mailed a survey instrument with a cover letter assuring anonymity and confidentiality. Participation in the study was voluntary and no curriculum coordinator or school system could be identified whether they participated or not. The Georgia State Department of Education conducted the mailings with the return envelopes

addressed to this researcher. One hundred and twenty-six (126) respondents participated in the study yielding a 68% return rate.

Instrumentation

The instrument designed for this pilot study consisted of items which assesed the process of local level programming in sexuality education to meet the state mandate. Such items included; 1) the location of the school system (rural, urban, or suburban), 2) the level of involvement of individuals in the curriculum planning and development process, 3) the nature of any staff development (if provided), i.e. required or optional, how it was conducted (inservice session, workshop, or course), the focus of the training, the level of involvement of individuals as trainers, and the level of staff development for administrators and non-instructional staff and, 4) parental training and awareness. The coordinators were asked to answer questions related to these areas using a Likert scale format.

Results

School Location

Seventy-three percent (n=90) of the coordinators who responded to the survey indicated that they were from rural school systems, 14% (n=17) from suburban systems, and 14% (n=17) from urban systems. Two coordinators failed to indicate their school system location. For this study, the suburban and urban systems were collapsed due to the small representation of these systems into one category called non-rural.

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Curriculum Planning and Development

Using a 7-point Likert scale format, the coordinators were asked to describe the level of involvement of various individuals in the sexuality education curriculum planning and development process. The lower scores indicated less involvement. Table 1 shows the mean levels of involvement of the various individuals. As might be expected, the coordinators mean involvement scores were higher than the others on the list. However, all coordinators may not have training in health education, specifically in sexuality education.

Insert Table 1 about here

The Georgia state mandate did not include required training for the coordinators, school administrators, or teachers, nor did local systems receive state funding for such training. In this study, 52% (n=64) reported that they had some training prior to the state mandate. Forty-eight percent (n=60) reported as having no training before the mandate. After the mandate, 88% (n=109) reported having had received some training and 12% (n=15) did not. The nature of these trainings was not addressed in this study and would warrant further attention in future studies.

Also interesting was the low level of involvement by local school students. It is recommended that students be part of the comprehensive curriculum planning process (American School Health Association, 1991). Students are the recipients of any curricula, yet often they are not included in the curriculum development process.

The lowest involvement was from university/college personnel. In Georgia, many local systems have access to a college or university which could assist in the curriculum planning and development process. Perhaps many of the systems view the curriculum as a local concern and feel the university or college is not an appropriate source for assistance.

Community involvement was also relatively low. Currently, there is an increase in public concern at the local levels with regard to sexuality education in the schools. Although much of this concern is being expressed by more conservative groups, perhaps these events could have been prevented had there been more community involvement from the beginning.

State mandates often require that such prescribed courses of study be ready for implementation by particular dates. When this occurs, local systems may react hurriedly to comply, possibly forfeiting an appropriate curriculum planning and development process. Unfortunately, something or someone gets left out of the process. School systems that did not have such a curriculum in place prior to the state mandate would feel the greatest pressure since these schools were "starting from scratch".

Staff Development

Following the same 7-point Likert scale format (1 = none, 7 = extensive), the mean level of staff development offered was 4.2 with a standard deviation of 1.74. Fifty-eight percent (n=68) of the staff development offerings were required and 42% (n=50) were optional. Eight coordinators failed to respond to this question. Twenty-five coordinators indicated that no staff development was offered within their school

systems after the state mandate. On a scale of 1 to 7 (lower score being more likely the reason), the coordinators were asked to indicate how likely each of four reasons were for why no staff development was offered. The four reasons were "no interest by school personnel" x = 4.56 (SD 2.10), "no time was available" x = 3.04 (SD 2.09), "no money to fund the staff development" x = 3.20 (SD 2.17), and "there was no one trained to conduct the staff development" x = 2.96 (SD 1.88). It is unfortunate that the coordinators felt that "no one trained to teach it", "no time", and "no money" were likely reasons for no provision of staff development.

State mandated educational programs without funding for training or implementation does not ensure progress or success through local programming efforts. Much of the training that did occur in school systems seemed to have been provided "in-house" or through the services of local community agencies such as the health department. The Georgia State Department of Education's Division of Curriculum and Instruction (Health and Physical Education) attempted to provide as much assistance as possible with limited personnel and resources. Many systems tapped into their Regional Education Service Agency (RESA) for their staff development needs. Any funding needed for these trainings had to come from local system budgets. RESA trainings typically are in the form of workshops available with "staff development units" (SDU's). SDU's are necessary for Georgia teachers to remain certified to teach. Many systems will pay teachers for receiving SDU credit.

The level of training for non-instructional staff and the parents of the students was relatively low for this sample (n = 122). On a scale of

1 to 7 (7 being extensive training), the mean level of training for school system administrators (coordinators, prinicpals, and superintendents) was 3.70, SD 1.59, for the staff not directly involved in sexuality education instruction (clerical, custodial, other teachers) the x = 3.48, SD 1.31, and the parents of the students x = 3.36 SD 1.72). This low level of training for these individuals contradicts recommendations by sexuality education experts who feel that in order to increase the success of school-based sexuality education, others within the environment of school students need to be informed and supportive of the sexuality education goals and objectives.

Various individuals were involved in the staff development instructional process. These individuals included university or college personnel x = 2.03, SD 1.48, curriculum coordinators x = 4.71, SD 1.79, community agency personnel x = 4.65, SD 1.85; and Regional Education Service Agencies x = 4.92, SD 2.14. (1 to 7 scale, lower mean scores indicate less involvement)

The focus of the staff development provided to those directly involved in the classroom teaching included teaching methods x = 4.52, SD 1.46, sexuality related content x = 5.81, SD 1.31, and review of curriculum materials x = 4.89, SD 1.60. (1 to 7 point scale, lower mean scores indicate lesser focus)

The nature of the staff development provided to the teachers as indicated by the coordinators (n = 113) was a half-day inservice training 55% (62), a full-day inservice training 34% (38), a workshop e.g. RESA 82% (93), and a college or university course 8.8% (10).

It seems that with the resources available, systems either minimally trained their teachers "in-house" with an inservice program or at best supported the services offered by the RESA. It must be noted that RESA programs or courses vary in depth and contact hours. It also cannot be assumed that all RESA's were adequate teacher training sites for sexuality education. Not all RESA personnel had received uniform or consistent training at the time of the Georgia State mandate. Recently, the Governor of Georgia has provided funding to the Georgia State Department of Education to train teachers in sexuality education. The State Department of Education provided money to the State RESAs to fund a sexuality education teacher trainer and conducted a comprehensive, two week training program (January 1992) for these RESA trainers.

Location and The Process of Local Programming

A one-way analysis of variance indicated that there was a significant difference between rural and non-rural systems' level of staff development provided. Non-rural system coordinators (n=34) reported more staff development (mean score 4.85 on a 1-7 scale) than rural system coordinators (n=90) (mean score 3.98) ($F = 6.29$, $df = 1.123$, $p < .01$). Larger school systems typically have more money and personnel for staff development. It is also more likely that the larger non-rural systems have a coordinator of health and physical education, unlike the smaller, rural systems whose coordinator of the mandated sexuality education program could be the same coordinator of language arts or social studies. Coordinators of health and physical education may be more sensitive to the importance of staff development in the area of sexuality education. It is

reasonable to expect that a rural system would need staff development for a new mandate as much as a non-rural system.

Table 2 contains the results of an analysis of variance of the difference between location and the level of involvement of individuals in the curriculum planning and development process. Non-rural systems had significantly more involvement of a curriculum committee, parents and community, college/university, and the local health department than the rural systems. Rural systems had significantly more involvement of the RESA's in their curriculum planning and development than did the non-rural systems.

Insert Table 2 about here

A one-way analysis of variance of the difference between location and the level of involvement of individuals in the staff development instructional process indicated that the only significant difference between the location of the school systems occurred for the level of involvement with the RESA's ($F = 12.27$, $df = 1,118$, $p < .001$). More rural systems ($x = 5.32$, $n = 85$) used the RESA's for their staff development instructional process than did the non-rural systems ($x = 3.85$, $n = 34$). No significant differences were found between rural and non rural systems and the mean involvement of college/university, administrative, or health agency personnel in the staff development instructional process.

Location and Community Awareness

A one-way analysis of variance showed significant differences between rural and non-rural school systems' mean scores on the extent of community training and awareness programs provided, the extent of support materials provided to community members to help them understand the sexuality education curriculum, and the level of public opposition expressed about the curriculum for sexuality education at their local level (see Table 3). Non-rural systems had higher mean scores for all three areas than the rural systems. The mean opposition scores are very low for both rural and non-rural systems. The majority of Georgia residents support sexuality education in the state and support increased funding to train educators to teach about sexuality (Planned Parenthood, 1990).

Insert Table 3 about here

Correlates of Sexuality Education Programming To Meet The State Mandate

The higher the levels of the curriculum coordinators' involvement in the curriculum planning and development process was related to the more involvement of a curriculum committee ($r = .46$ $p < .0001$, $n=125$), teachers ($r=.50$ $p < .0001$, $n=123$), and the community ($r=.41$ $p < .0001$, $n=123$). Further, more coordinator involvement in the curriculum planning and development process the more administrative involvement there was in the staff development instructional process ($r = .4084$ $p < .0001$, $n=119$), the more community agency/consultant use ($r=.34$ $p < .0001$, $n=119$), and increased staff development ($r=.38$ $p<.0001$, $n=123$).

As curriculum committee involvement increased in the curriculum planning and development process the more extensive was the community training and awareness ($r=.41$ $p<.0001$, $n=122$), the more support materials that were provided to the community ($r= .41$ $p<.0001$, $n=122$), and the more staff development that was provided ($r= .43$ $p<.0001$, $n=123$).

The more involvement of the parents/community the more extensive the support materials were for the community ($r=.51$ $p<.0001$, $n=122$) and the more awareness and training the parents received ($r=.46$ $p<.0001$, $n=122$). The more teacher involvement in the curriculum planning and development process the more extensive was the use of community agencies or consultants ($r=.44$ $p<.0001$, $n=119$).

The more RESA involvement in the curriculum planning and development process the less likely the coordinators reported "no time" ($r=.53$ $p<.001$, $n=25$), "no money" ($r=.39$ $p<.05$, $n=25$), and "no one trained to teach the staff development" ($r=.50$ $p<.05$, $n=25$) as reasons for not having provided staff development.

The more staff development that was conducted the more parent/ community training and awareness programs were offered ($r=.40$ $p<.0001$, $n=125$) and the more extensive the support materials were provided to the parents and community ($r=.44$ $p<.0001$, $n=124$). Ironically, there was no statistically significant relationship between teacher involvement in the curriculum planning and development process and the amount of training and awareness of the parents of the school children ($r=.17$ $p<.06$, $n=122$). This finding was surprising since teachers are usually encouraged to communicate with the parents of their students regardless of the subject

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area. Perhaps the teachers may feel threatened by the subject matter and feel that less communication with the parents may decrease any chance of confrontation. It is also possible that the curriculum planning process took place before any staff development, which could explain the ironic data on the relationship of the parents' training and awareness to the level of teacher involvement in the planning process and staff development.

Conclusions and Recommendations

Although this pilot study was limited by the data that was collected through this questionnaire method, the results provide some information about local level processes to meet a new state mandate for sexuality education. Since local level school systems have flexibility in the way the mandate is handled, lots of variability exists among systems. State mandated curricula does not insure consistent or quality educational programs for all school systems. Mandating curriculum such as sexuality education can be a step in the right direction for the often eshued subject matter, but local level systems may not be equipped to handle the top down educational decisions of the state. Sexuality education has traditionally carried the burden of proof with it no matter what setting it is conducted. Effectiveness can only be expected if timely and adequate preparation has occurred.

Based on the results of this pilot study, the following recommendations are suggested for improving the local level process to meet the challenge of a new state mandate for sexuality education.

1) Assistance needs to be provided from the state level to

adequately train and support local school system personnel in their preparation and continuation of the sexuality education program, particularly rural systems who may not have the in-house resources to service their own personnel.

2) Increase the participation of students, college/university faculty, and the community in the curriculum planning and development process. These can be valuable resources at little to no cost.

3) Increase the amount of staff development time to assure more adequate training about sexuality education as part of comprehensive health education. Encourage the use of RESA trainings (or any similar education agency), local health district personnel (part of the local health department), and college or university courses in sexuality education. These sources of training are more likely to be conducted by qualified individuals usually with a health education and sexuality education background. (The individuals who conduct these trainings need to understand the nature of school-based programs. It is usually best to seek trainers who have worked with, or in a public school system, to receive the respect and confidence of school personnel). Teachers may also be able to earn SDU credit or graduate credit from these trainings or courses. Smaller and more rural school systems may need to seek these sources for staff development. Larger school systems can usually offer excellent training programs in-house and can provide SDU credit for teacher participation.

4) Staff development should include a comprehensive approach to sexuality education in the schools. Programs that include content as well

as process may be appropriate.

5) Increase the support materials provided to the community about the sexuality education program; its goals and objectives. Encourage productive communication between the school, the church, and the home. Earlier research has shown that sexuality education programs may be most effective if they incorporate community-wide strategies that are both multi-faceted and mutually reinforcing (Vincent, Clearie, & Schluchter, 1987).

6) Encourage and maintain support for the curriculum coordinators involved in the sexuality education program. The level of the curriculum coordinator involvement seems to be associated with the involvement of significant others in the development and implementation of the program. The coordinator needs to be adequately trained in the area of health and sexuality education in order to provide leadership to local programs. Training levels of curriculum coordinators in the area of sexuality education have been associated with the coordinators' personal sense of role-efficacy and other positive characteristics supportive of their leadership role in the schools (Hayes, unpublished manuscript) and (Hayes, 1992). Strong leadership is necessary for maintaining local support and quality programming. In this study, it seemed that the chain reaction of the development of a well structured program began with the curriculum coordinator.

Mandated sexuality education is different from "encouraging" it. Local school systems are held accountable for meeting a state mandate. With a mandate, teachers no longer decide whether or not to teach about

sexuality, but rather, they must teach about it. The coordinator becomes responsible, along with other school administrators for seeing that sexuality education is taught. It seems appropriate for states newly mandating sexuality education to provide assistance to local school systems to support and to train curriculum coordinators. Local schools systems should utilize personnel trained in health and sexuality education to assist in providing the leadership toward the development of quality sexuality education programs in the public schools.

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Table 1

Individuals and Their Mean Involvement in The Curriculum Planning and Development Process (n = 123)

Level of Involvement Scale: 1 = no involvement --- 7 = high involvement

Individuals	Mean Involvement	Standard Deviation
Curriculum Committee	4.7	2.01
Curriculum Coordinator	5.9	1.49
Teachers	4.9	1.64
Community (parents, clergy)	3.5	1.72
Students	2.6	1.54
University/College Personnel	2.0	1.42
Local Health Department	4.3	1.97
Regional Eduation Service Agency	4.7	2.03

Table 2

Location Differences and Mean Level of Involvement of Individuals in the Curriculum Planning and Development Process

scale. 1 = no involvement -- 7 = high level of involvement

Location	Curric. Committee	Parents	Univ/College	Hl.Dept.	RESA
Rural	4.40	5.70	1.73	4.01	5.05
Non-Rural	5.62**	6.23*	2.67**	4.90*	3.73**
	F= 9.95	F= 4.01	F= 14.19	F= 5.05	F= 11.22

p< .05 *

p< .01 ** df = 1,120

p< .001 ***

Table 3

Difference Between Location and Mean Levels of Community Awareness/Training, Support Materials Provided, and Public Opposition

scale: 1 = none -- 7 = extensive

Location	Training/Awareness	Support Materials	Public Opposition
Rural (89)	3.10	3.23	1.93
Non-rural (34)	4.17**	4.02*	2.50*
	F = 10.40	F = 5.43	F = 4.99

p< .05*

p< .01** df = 1,122